

STEP 1	Does member:	<input type="checkbox"/> drink alcohol?	<input type="checkbox"/> use illegal drugs?	<input type="checkbox"/> abuse prescription medications?
What prompted this screening?				
If pregnant, trimester of pregnancy:		<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd

STEP 2	CAGE-AID [CAGE Adapted to Include Drugs]	Yes	No
	C: Have you felt you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
	A: Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
	G: Have you felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
	E: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?	<input type="checkbox"/>	<input type="checkbox"/>

STEP 3	Disposition:
	<input type="checkbox"/> Brief Intervention <input type="checkbox"/> Referral: Referred to _____
If referred, primary reason for referral and other pertinent information (<i>attach separate sheet if necessary</i>):	